Draft…work in progress

WHITE PAPER

ADMINISTRATIVE INFORMATION AND COMMUNICATION PROCESSES

OCCUPATIONAL HEALTH SERVICES PILOT PROJECT

Draft: November 27, 2000

Introduction

Previous white papers addressed issues associated with the delivery of healthcare services in the workers' compensation environment in the State of Washington, including physician expertise, coordination of care, and quality of care. Those papers identified some specific behavior patterns and patient care processes that promote the desired treatment environment. Parallel to the development of these white papers, the State of Washington Department of Labor and Industries has been working with the University of Washington in the development of quality indicators for carpal tunnel syndrome, low back injuries, and fractures of the upper and lower extremities.

These parallel efforts identified specific areas where information management and communication will be critical to success of the Occupational Health Services Pilot Project. This white paper focuses on information management and communication related to the administrative functions of medical treatment and claims management. An associated dialogue will follow in another white paper, which will examine the communication process for clinical information.

Identification of the Issues

Effective management of any aspect of workers' compensation is all about communication. There are too many parties involved in the process to think otherwise. The claims managers, providers, employers, and claimants must have complete and current information if the system is to work for everyone. While the COHE's proposed role in care coordination is aimed at improving the overall outcomes for injured workers, the addition of yet another interested party creates the potential for more communication problems unless systems are enhanced to improve communication.

The need for more and better communication is complicated further by the administrative burden that it creates for the medical provider. Any efforts aimed at increasing communication from providers will have to be balanced by the risk of losing willing providers. It has already been noted by Labor and Industries Claims Managers that in some regions, providers are starting to

refuse acceptance of work injury cases because of the reporting requirements. Any effort to improve communication must be approached with caution so as to prevent any perception of increased burden on the medical providers without appropriate incentives or compensation.

The research conducted as part of the three white papers mentioned above and the associated conclusions in those documents identified some specific areas where communication in the administrative segment of claims management could be improved. The key areas are:

- Length of time between receiving initial medical care and reporting an injury.
  - It has been shown that decreasing the delays associated with care coordination increases the efficiency of the overall system and decreases lost workdays.[1] [2] Delays are attributed to a combination of factors, including completion of forms by providers, postal delays, and import of information into the Labor and Industries' database.

- Initial employer notification that a work injury claim has been filed.

- The quality of information in the initial injury reports[3] [4] [5] including:
  - provider statement of causal relationship between the patient complaints and subjective descriptions of the mechanism of injury
  - clearly outlined treatment plan and prognosis
  - information pertaining to development of alternative work options

- Ongoing and current information regarding treatment plans, diagnosis, prognosis, and work capability.

- Tracking of provider training and education activity as well as any associated credentialing that may tie specific training activity with incentives.

- Identification of high-risk job positions that are best suited for ergonomic intervention through monitoring patterns of repeat injuries.

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[1] United Healthcare Website, www.uhc.com
[2] Ohio BWC Website, www.ohiobwc.com
[3] Interviews and responses to questions posed to Washington Labor and Industries Claims Managers
[4] Interviews and responses to questions posed to Washington Labor and Industries Occupational Nurse Case Managers
[5] Washington Labor and Industries survey of employers conducted by Gilmore Research Group in September 2000. Employers were asked a series of questions regarding their receipt of information and the quality of that information.

- Alternative forms of continuing medical education for providers and their staff.

In addition to those areas described above, there are other communication pathways associated with administrative functions in claims management.

- Billing and payments for medical services.

- The claims administration process could be automated to decrease the burden on Claims Managers. Examples cited by some managers include generation of requests for additional documentation or having specific events in the life of each claim trigger submission of forms.

- Electronic access to basic claim information for medical providers and employers.

One other issue of significance is the challenge of exchanging information in an electronic environment. Within occupational health circles, there are many different information packages that may be utilized by organizations seeking to function as a designated COHE. As communication and the exchange of information shift into an electronic environment, this high degree of variance poses additional challenges that require attention and resolution.

What is the current state?

The reporting of a work injury is currently initiated when the injured worker first seeks medical care. At that point, the medical provider completes the Report of Industrial Injury or Occupational Disease (Report of Accident (ROA)), which includes basic information regarding the subjective and objective aspects of the encounter. The provider mails the ROA to the Department of Labor and Industries with a copy to the employer. In many cases, receipt of this initial report from the medical provider is the employer's first notification that a claim has been filed.

The average length of time between the first medical encounter and the claim being received by Labor and Industries is 11 days.[6] Once received within Labor and Industries, the ROA is immediately sent to imaging, followed a few days later by data entry into LINIIS.[7] No data were available regarding the average length of time between the initial medical encounter and receipt of the employer-completed section of the ROA. Since the employer can only provide this information after it has received the ROA from the medical provider, it is assumed that the employer submission of its segment of the ROA represents an additional delay in initiation of the claims administration process.

[6] Data provided by Department of Labor and Industries under a file named timetopayoutcome.xls
[7] Information on claim and information process provided by Labor and Industries' Claims Personnel

When all of the incremental delays are accumulated, the average time associated with the initial full reporting of a claim is easily in excess of two weeks. This is in direct conflict with the need for claims management and care coordination to begin as early as possible. In an optimal environment, communication among parties should allow for the beginning for care coordination within 24-72 hours of initial medical care.[8]

It is noted, however, that there are currently plans to make the ROA available for electronic completion directly into the Labor and Industries information system. Assuming that this is a user-friendly function and that appropriate incentives are in place to encourage both the provider and the employer to utilize the feature, then that step alone should represent substantial improvements in the flow of information associated with the initiation of claims.

Data flow within Labor and Industries is handled via a relational database (Adabas) using an in-house application (LINIIS). Claims Managers and other in-house personnel have access to various segments of the data within LINIIS through local and wide area networking. Billing information is handled using a separate system (MIPS), which is interfaced in a batch mode, updating LINIIS daily with financial information.

There are systems in place to allow for electronic submission of medical bills. However, the format for this process is proprietary to Labor and Industries. Once an electronic bill is received, it is immediately converted to MIPS data and made available for claims processing. The proprietary format presents some limitations to providers who are unable to meet that standard. Labor and Industries estimates that approximately 54% of all bills are currently submitted by electronic means.

Current information inquiries by medical providers, employers, and attorneys are primarily handled through telephonic or written communications with Claims Managers. A new system for direct access is currently being piloted with some attorneys to allow a degree of direct electronic access to some segments of claim information. Longer-term plans are being considered for making this same system available to employers and medical providers.

Almost all paper documents, including medical records and bills (non-electronic), are scanned by the imaging department as they are received at Labor and Industries. Once scanned, the images are indexed to the associated claims and the files are made available to the Claims Manager within LINIIS.

[8] Occupational Health Services: A Guide to Program Planning and Management. Published 1989 by The American Hospital Association (Newkirk and Jones Eds.) pp 57-70; Injured Worker Tracking

It should be noted that the Labor and Industries staff indicated on more than one occasion that any modifications to LINIIS functionality would be difficult or impossible to implement.

What is the desired future state?

The optimal future state is an information system that allows all of the interested parties to communicate with each other and perform their functions using a common set of data. To be truly optimal, such a state would be accomplished without any additional burden for any one group. This ideal future environment will take full advantage of current information technology – including web-based systems – to insure that information will readily flow among individual parties on a timely basis. Through achievement of this desired state, Labor and Industries, employers, workers and providers will communicate more closely and will be more effective in their decisions related to each individual claim.

What are the best ways to achieve the desired future state?

The research associated with this paper, as well as previous papers, indicates that there are some specific areas of administrative communication and information management that can be improved upon. Some of the issues are already being addressed through current initiatives that only need be completed or enhanced.

One global assumption that lies behind many of the recommendations in this white paper is that it will be difficult to achieve any substantial change to the LINIIS system currently used within Labor and Industries. Most of the new software capabilities are expected to be incorporated into the COHE care coordination software program. This program is referenced throughout this white paper, as well as the associated paper on clinical communication.

Most of the details associated with the COHE care coordination software are discussed as part of the white paper on Clinical Communication since most of the functional components of the software are tied to those activities. One major global issue, however, is where this software program comes from and where it resides. There are two basic options:

1. Labor and Industries can outline the basic information management standards that the COHE must meet and let the COHE select the software package that they believe will meet those standards. In this way, the information system issue becomes part of the COHE bid process.

   There are two major potential problems with this approach; the first is the issue of an interface with Labor and Industries' systems. To be fully effective, the exchange of information between the COHE care

coordination system and LINIIS must be a two-way exchange that happens in real time. This will require some kind of interface such as Electronic Data Interchange (EDI). The use of EDI is increasing in many state workers' compensation systems – particularly for ROA reporting, medical billing, periodic medical updates, and mandated forms.[9] [10] [11] [12] [13] [14] The major problem with this approach is that it will increase the cost of participation for any prospective COHE and for Labor and Industries. Any potential COHE that does not currently have a software package that meets the standard will be forced to acquire one at some additional cost. Plus, every new software package used by each COHE will require some variance on the EDI interface, which will lead to additional costs to develop, test, and maintain.

The second potential problem with making the software part of the COHE bid process is that when looking at all of the likely specifications for the software, for both Administrative and Clinical communication, there is not likely any single, commercially available software product with all of the desired features.[15] This means that any independent efforts on the part of each COHE to obtain acceptable software would be thwarted by the need for considerable customization.

2. The second approach to establishing the COHE care coordination software would be for Labor and Industries to establish a software package with the desired functions directly within the Labor and Industries information systems. This system would be set up to interface directly with LINIIS, eliminating the need for multiple EDI connections. The technology is now in place to allow Care Coordinators to have full access to the software through web-based connections. Security systems would make it possible to limit access based upon the identification codes of each Care Coordinator at each COHE, insuring patient confidentiality across the system.

   This approach would still likely require some software customization. However, it is likely that the influence of a Washington State contract will attract interested vendors more than individual COHE's would. There are existing packages that will meet many of the needed standards, so there would be no need for a full-scale software development process. This also means that the expense associated with implementing the desired functions is a one-time cost rather than a recurring expense that must somehow be recovered through fees and reimbursements. While this one-time expense would be incurred

[9] Florida State regulations referenced from www.fdls.state.fl.us/wc.
[10] Iowa State regulations referenced from www.state.ia.us/iwd/wc
[11] California State regulations referenced from www.dir.ca.gov/dwc
[12] Texas State regulations referenced from www.twcc.state.tx.us
[13] Kentucky State regulations referenced from www.dwc.state.ky.us
[14] Ohio State regulations referenced from www.ohiobwc.com
[15] Review of promotional literature for the five leading occupational health software vendors.

by Labor and Industries, it is very likely that fees could be assessed for access to the system as part of the COHE contract.

It is this second approach that is viewed as being the most ideal and cost effective.

The following are the steps that will help to achieve the desired state for administrative communication:

A. The First Report of Accident

Because of the importance of decisions and actions taken in the first several days following the initiation of a claim, the most logical place to start in working toward achieving the desired future state is with the Report of Accident (ROA). It is the content and timing of this single document that sets the tone for the claim. It was clear in interviews with Labor and Industries staff and the survey responses from Claims Managers and Occupational Nurse Consultants,[16] that delays in obtaining information from the ROA, as well as some important pieces of information that are missing on the ROA, are hampering their ability to effectively work each.

Specific actions associated with the ROA:

1. Complete the process of making the ROA available for electronic completion by both the medical provider and the employer directly into the Labor and Industries web page through the Internet. Efforts to accomplish this for the provider are already being developed and should be completed, with care taken to insure that the process is as easy as possible. Consideration may need to be given to providing some incentive for providers to utilize this process.

   The electronic completion of the ROA should be expanded to include access for the employers to complete their portion of the report form. Of course, for this to be effective there will need to be a different – and better – method of notifying the employer of the initial filing of the ROA by the provider. That issue is covered in the paper on clinical communication.

2. For providers who do not have web access, an alternative option should be for them to transmit the completed form by fax. The data would still have to be entered into the Labor and Industries information system, but the goal of making the information available in a timely manner would be accomplished. When data entry of the fax

[16] Claims Managers and Occupational Nurse consultants completed a brief questionnaire at the time they were interviewed. Specific questions relative to the ROA were: "What is the one thing you are missing from the information system that would make you more effective with your job"; "What vital information are you missing from the providers when they send or report information"; What vital information are you missing from the employers when they send or report information"; and "If there is information that is missing is it because it is not supplied, not asked, or not captured in the data entry process".

is completed, the employer can access the information electronically to finish its portion of the report.

3. The data for any ROA that is received by mail should be immediately entered and made available electronically for the employer. For employers who do not have web access, the form should be faxed or mailed so that they can complete their portion and return. The method of transmitting the form to the employer can be determined at the time that the injury is verbally reported to the employer by the medical provider or Care Coordinator.

4. Once available in an electronic format, the ROA should be immediately available to the COHE Care Coordinator through a direct interface between LINIIS and the care coordination software.

5. The content of the ROA should be expanded to include specific components that have been identified as being of value in the early stages of claims management and care coordination. Those components that have been identified as part of the research for this paper are outlined in detail in Appendix A.

B. Submission of Medical Bills

The goal should be to expand the rate of electronic submission of bills from the current rate of 54% to a minimum of 90%. This reduces the paperwork associated with bill acceptance at Labor and Industries. It also decreases the amount of time that providers must wait for payment – making workers' compensation somewhat more attractive as a payer classification.

One of the current obstacles to electronic bill submission is the proprietary nature of the software that Labor and Industries currently requires for electronic bill submission. Given that the Health Insurance Portability and Accountability Act (HIPAA) will soon require all providers who submit bills electronically to be in compliance with EDI 837 format[17] [18], Labor and Industries should modify their system to accept this format. Doing so will increase the capacity for receipt of electronic bills without burdening them with multiple formats from many different sources.

C. Electronic Access to Claim Information

This represents another initiative that is currently being worked on within Labor and Industries, via the pilot for attorneys to electronically access specific segments of claim information. Lessons from this pilot should be incorporated into future plans to allow employers and providers to also have direct access.

[17] Information on HIPAA regulations referenced at http://aspe.os.dhhs.gov/admnsimp
[18] Information on HIPAA regulations referenced at www.hipaa.wpc-edi.com

In addition to the electronic access to the ROA, providers and employers should be provided with direct query access to claim information that will make them more effective in completing their role in the overall claim administration process. Given that it may not be desirable for the provider and employer to have full and free access to all of the information within LINIIS, the function of direct access to basic information may be best served through the Labor and Industries-based COHE care coordination software package that is being proposed. This would create one more argument for having a single occupational health management package that would be based within Labor and Industries. This system could be the one used by "outside entities," with the information that they need being automatically fed from LINIIS. Thus a "wall" is maintained between LINIIS and the outside world.

D. Alternatives for Provider Education

The technology that is available today vastly increases the options for how medical providers and their staff can obtain educational information. Efforts should be made to make all educational materials that are presented in seminar formats also available on CD-ROM and through Internet access. For the many educational seminars that are conducted by Labor and Industries, a quality recording of the sessions could be combined with slides and placed in electronically accessible forums to create an experience that closely matches actual attendance at the sessions.[19] Additionally, the COHE's should have access to the technology to place any educational programs that they sponsor into the same electronic forums.

In addition to the availability of lecture format information, all other printed material that is currently available from Labor and Industries should be put into an electronically accessible format. This would apply to all currently printed procedural information, forms, and guidelines that medical providers and employers could easily reference through a categorized index.

As part of efforts aimed at clinical information and communication, the treatment guidelines that are being developed and put into place will be available for reference through the Internet. As a way to increase physician acceptance of these guidelines, the Internet-based guidelines should be built with links that will connect the provider referencing the guideline to the research supporting each component of the guideline or other diagnosis-related information. That makes the Internet-based guideline more than just a summary of treatment protocol, but a complete reference guide to the associated medical diagnosis.

E. Ergonomic Intervention Guide

One of the identified roles for the COHE is appropriate ergonomic intervention as a strategy for injury prevention. The challenge for the COHE

[19] www.systoc.com currently has accredited medical education programs available that utilize this technology.

will be recognition of those employers and job functions that would likely benefit the most from an ergonomic evaluation. Absent these triggers, the COHE may spend scarce resources on jobs that actually require no intervention and some employers that are in the most need for ergonomic assessment may go without assistance.

One of the features of the COHE care coordination software should be a reporting capacity that will allow for the evaluation of injury trend within companies, jobs, and individual workers. By trending types of injuries in these three categories, the COHE will have a guide for identification of those jobs or individuals who are most prone to specific types of injuries and, therefore, are most likely to benefit from some ergonomic intervention.

F. Tracking of Provider Status

Any protocols, policies, or incentives that are tied to provider credentials or education will require some form of tracking such information. If any criteria are put into place then the provider database associated with the COHE care coordination software can be built around those specifications.

Appendix A

Suggested Improvements to Washington State's Report of Industrial Injury or Occupational Disease (Report of Accident) Form

The following suggestions for modification to the Report of Accident (ROA) form come from comments made during interviews with Claims Managers and Occupational Nurse Consultants. The specific questions that were posed were:

1. What is the one thing you are missing from the information system that would make you more efficient with your job?
2. What "vital" information are you missing from the providers when they send or report information?
3. What "vital" information are you missing from the employers when they send or report information?

The following items represent those responses that were the most consistent and are aligned with the overall goal of effective claims administration.

1. There needs to be a statement of causal relationship from the medical provider. This can be accomplished through a check-off box associated with the following question: "Is the patient's condition / complaint(s) consistent with the described mechanism of injury?" or; "If not for the individual's job, would they be injured or hurt?" This statement may replace or augment the information in box 47 of the current ROA form.

2. The work capacity section should be expanded to allow the medical provider to use a detailed list of physical functions to check off the current functional capability of the patient. Current ROA really only allows for a provider to designate an "off work" or "regular duty" work capacity.

3. The employer segment of the Employer Information form should include a section where the employer indicates that it has reviewed the work restrictions specified by the medical provider on the ROA, and an indication of whether or not those restrictions will be accommodated.

4. Provide the name and telephone of the immediate supervisor at work.

5. The history as it relates to the injury or exposure is inadequate.

6. The provider needs to state whether an activity prescription was provided or discussed with the patient.

7. Indicate the date of hire with the employer.

8. Question the patient in the Worker section of the ROA regarding pre-existing conditions and prior treatments, and include this as part of the patient's legal signature on the statement.

9. The Objective Findings (box 45) and Treatment Plan (box 46) are rarely completed and often have only a notation to reference another medical record. Such a reference is unacceptable when the records are rarely attached. There needs to be exploration of ways to make completion of those segments mandatory.

APPENDIX B

Occupational Health Software Resources

The Stolas Group Inc.
6061 N. Fresno Street, Suite 104,
Fresno, CA. 93710
Phone: (559) 431-9450 Fax: (559) 431-4322
Web Site: www.stolas.com

Unique Software Solutions, Inc.
Occupational Health Manager Software
1261 Lake Plaza Drive
Colorado Springs, CO 80906
719-457-8100
Web Site: www.usscolorado.com

THE SSI GROUP, INC.
HEALTH MANAGEMENT TECHNOLOGIES DIVISION
2151 Salvio St., Suite 333
Concord, CA 94520
Sales Information: Phone: 800-647-7007
Fax: 925-969-8305
Tech Support: 800-766-1736 Ext. 241
Email: hmtsales@ssigroup.com, hmtsupport@ssigroup.com
Web Site: www.thessigroup.com

Integritas, Inc.
STIX software
Suite 112
2600 Garden Road
Monterey, CA 94930
Sales: 800-458-2486
Phone: 831-657-2000
Fax: 831-657-2001
Technical Support: 814-941-7006
Web Site: www.integritas.com

Occupational Health Research
SYSTOC software
28 Research Drive
Skowhegan, ME 04976
Sales: 800-444-8432
Fax: 207-474-6398
Technical Support: 800-779-3887
Email: sales@systoc.com
Web Site: www.systoc.com